

SEP NOTE

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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	OMB APPROVAL								
	OMI3 Number:	3235-0076							
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	Estimated average burden								
	hours per respon	se16.00							

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Shares Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	☐ ULOE
A. BASIC IDENTIFICATION DATA	06046445
1. Enter the information requested about the issuer	00040443
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) KINETICHEM, INC.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012	Telephone Number (Including Area Code) (805) 469-9500
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business DEVELOPMENT OF TECHNOLOGY RELATED TO CHEMICAL REACTIONS	
Type of Business Organization	PROCESSED
business trust limited partnership, to be formed	SEP 2 2 2006
Month Year Actual or Estimated Date of Incorporation or Organization: 0 9 0 4 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	A notice is deerned filed with the U.S. Securities
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for state ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.	emption. Conversely, failure to file the ss such exemption is predictated on the

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter **✓** Director General and/or Managing Partner Full Name (Last name first, if individual) HOLL, RICHARD Business or Residence Address (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) FILOWITZ, DR. MARK Business or Residence Address (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) RABER, DR. JEFFREY Business or Residence Address (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012 Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) SMITH, CAMERON Business or Residence Address (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) FRAZIER, MARK Business or Residence Address (Number and Street, City, State, Zip Code) 7096 QUITO CT., CAMARILLO, CA 93012 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. 1	NFORMAT	ION ABOL	T OFFER	ING				
1.	Hac the	icenar col	d ordoect	ha icenar i	ntund to ce	ell to non-s	ooredited i	invectore i	n thic offer	ino?		Yes	No
١.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								X				
2.	· · · · · · · · · · · · · · · · · · ·									s 50	0.00		
	. Does the offering permit joint ownership of a single unit?								Yes	No			
3.		_											K
4.	lf a pers	ssion or sim son to be lis s, list the na	ilar remune sted is an as:	ration for s sociated po roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) persoi	ection with or registere ns to be lis	sales of se d with the S ted are asso	curities in SEC and/or	directly, any the offering. with a state sons of such		
Full	Name (Last name	first, if ind	ividual)									
Busi	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)	···				<u></u>	
Nam	ne of As	sociated Br	roker or De	aler		4.4.						·	
State	es in Wi	hich Person	Listed Ha	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)							☐ AI	I States
	AL	AK	(AZ)	AR	CA	CO	CT	DE	DC	FL	GA	Ш	ΠD
	IL MT RI	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OII WV	MN OK WI	MS OR WY	MO PA PR
Full	Name (Last name	first, if ind	ividual)	···								
Busi	iness or	Residence	Address ()	Number an	d Street, C	ity, State,	Zip Code)						
			 										
Nam	ne of As	sociated Br	oker or De	aler									
State	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			,, _V		·-	
	(Check	"All States	or check	individual	States)	•••••				••••••		☐ Al	States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA NN OK WI	MS OR WY	MO PA PR
Full	Name (Last name	first, if indi	ividual)				_					
Busi	iness or	Residence	Address (1	Number an	d Street, C	ity, State, I	Zip Code)						
Nam	e of As	sociated Br	oker or De	aler									
State	es in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-					
	(Check	"All States	or check	individual	States)			•••••••		•••••	••••••	☐ AII	States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	· •	c
	Equity		
	✓ Common Preferred		\$_404,000.00
		r	•
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify)	625,000,00	\$ \$ 434,000.00
	Total		\$_434,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Numter	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	11	§ 413,500.00
	Non-accredited Investors		s 20,500.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$_4,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total	_	\$ 4,000.00
			-

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gro proceeds to the issuer."	SS		s6	21,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d			
		Ι	Payments to Off cers. Directors, &	j	Payments to
	Soloring and from		Affiliates		Others
	Salaries and fees Purchase of real estate			_	
	Purchase, rental or leasing and installation of machinery	. 🔲 🤊		∐ 3.	
	and equipment	. 🗀 s	·	□\$	
	Construction or leasing of plant buildings and facilities	_		_	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	. 🗆 \$		□ \$	
	Repayment of indebtedness	_			
	Working capital	_		_	
	Other (specify):				
	RESEARCH AND DEVELOPMENT	. <u> </u>		Z \$	121,000.00
	Column Totals	⊘ \$	100.000.00	Z \$	521,000.00
	Total Payments Listed (column totals added)		☐ <u>\$</u> 62	1,000	.00
	D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notion that the constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission	i, upon written		
Iss	ier (Print or Type) Signature	Date		/	
KII	NETICHEM, INC.		9/7/	06	
	ne of Signer (Print or Type) Title of Signer (Print or Type)				
Nai	MERON M. SMITH, JR. SECRETARY				

—— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)